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ABSTRACT

As they work to develop integrated, community-driven service systems that meet the constellation of needs of children and families, several states are beginning to develop new governance structures at the local level. This paper describes the ways in which states are creating or supporting linkages among education, health, and human services. A conceptual framework is developed with the following themes: systemic policy change, local governance/empowerment, policy instruments, and resulting linkages. The paper uses the conceptual framework to briefly examine two state initiatives that have selected a mixture of policy instruments to create linkages among education, health, and social services. Arkansas' Families First is an initiative that loosely links the education, health, and human service systems. Kentucky's Family Resource Centers and Youth Services Centers offer a more tightly linked approach to systems integration. Finally, policy implementation can serve as an input for future policy development. (LMI)

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Linkages among Education, Health, and Social Services Systems in States that are Creating New Governance Structures

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Linkages among Education, Health, and Social Services Systems in States that are Creating New Governance Structures

Introduction

As they work to develop integrated, humane, and community-oriented service systems that meet the constellation of needs of children and families, several states are initiating or encouraging the development of new governance structures at the local level (i.e., city, county, region). The purpose of such new structures is to increase local authority and responsibility for the guidance and coordination of the delivery of health and social services to children and their families. In the process, these states and their local structures are establishing new linkages among education, health, and social services systems.

States use policy instruments at their disposal to change the way people in such systems work together to serve children and families at risk. The terms "tight" and "loose" can be used to describe whether states use a policy instrument or a mix of policy instruments to make explicit or implicit linkages among the systems to serve people in a more coordinated, strategic way.

The following questions guide discussion for this symposium:

1. States are creating or supporting new local governance structures for the coherent, integrated delivery of education and social services for children and youth. Given that purpose, what policy instruments are state policymakers using to initiate, encourage, and support linkages among education, health, and social services systems?

2. What kinds of such linkages are being created in some of these states?

3. Do learnings from implementation show that people within the education, health, and social services systems are working together in different ways at the local level? What implications do these learning suggest for future policy action? For future research?

To address these questions and others that might arise in discussion, staff of SEDL's State Policy Planning Service, Joyce Pollard and Sue Mutchler, described the research framework and context (elaborated on in the body of this paper). Diane Sydoriak, Associate Director for Special Education with the Arkansas Department of Education, talked about learnings from the implementation of Arkansas Families First—an initiative that can be characterized as loosely linking the education, health, and human services systems. Tom Willis, Fiscal Analyst for the Legislative Research Commission for the Commonwealth of

Kentucky, shared insights about the Family Resource and Youth Services Centers and how this state has taken a more tightly linked approach to systems integration. Following the panelists' comments, Renea Austin, Legislative Analyst with the Health and Human Services Committee in the Louisiana House of Representatives, commented on the experiences of these states, and suggested questions for policymakers and researchers.

Linkages among Education, Health, and Social Services Systems in States that are Creating New Governance Structures

Conceptual Framework

The impetus for this investigation and for the state experiences that comprise this symposium came from deceptively simple questions posed by a commissioner of Health/Human Services and a member of the Governor's Policy Council in Texas. Like many other agency staff and decisionmakers in that state, the two women were responding to HB 7, a reform bill that coordinates the services of the state's 11 health and human services agencies. It requires that the state establish or support governance structures that increase local participation in the delivery of services from immunizing children to reducing dropout rates among older youngsters.

The question they asked was, "What are other states doing to create or develop **local governance structures** that will have authority and responsibility for the delivery of health and social services to children and their families?" In HB 7 some the outcomes of locally-governed, integrated service delivery, such as a reduction in the dropout rate, are also the purview of the education system. So a corollary question is, "How are states creating or supporting linkages among education, health, and human services?" The work of addressing these questions for them is the basis for this symposium discussion today.

The conceptual framework from which to explore these questions, and to make meaning of the findings, comes from the literature related to restructuring and systemic reform (Fullan & Miles, 1992; Newmann, 1993; Smith & O'Day, 1991). We also drew on other strands of literature: (a) governance, including state/local relationships and intersectoral, interagency cooperation (Bruner, 1989; CSSP, 1991; Danzenberger, Kirst, & Usdan, 1992; CIMSLG, 1992); (b) policy implementation and process (Iannaccone, 1967; Fullan & Miles,1992; Kingdon, 1984; Kirst & Jung, 1980; Mazzoni, 1993; Sabatier, 1988); and (c) policy instruments (McDonnell & Elmore, 1987).

Bringing together these strands of literature creates a framework for thinking about the concept of **governance** and about the processes of designing, implementing, and developing linkages among systems for new kinds of local governance structures. Governance—decisionmaking, allocation of resources (and/or authority), and their management to render a public good or service—is the key idea for this symposium. A focus on governance, its structures, processes, and mechanisms, is more useful than a focus simply on school-linked services or interagency collaboration. First, it reminds us that collaboration is only a means for providing services more effectively, and linkages created between or among individuals, agencies, or systems are only as useful as the agreed-upon standards, outcomes, resources, and commitment that drive them.

Second, using policy instruments as part of the analysis gives us better understanding of "real-world" constraints and opportunities bounding the choices that policymakers make. It also gives us some ability to predict processes and outcomes in light of choices that policymakers might make given their intent, their constraints and resources, and the nature of state-local roles and relationships as state and local policymakers work to encourage, strengthen, shape or support new local governing structures. Finally, with this framework, we believe we can raise questions and provide information that will contribute to the research on policy implementation and to the "working knowledge" of state and local policymakers.

The following themes were found to be relevant within our framework:

- Systemic policy change
- Local governance/empowerment
- Policy instruments
- Resulting linkages

Systemic policy change

Efforts to change governance structures are indeed systemic. That is, they have an impact on people within and across sectors and levels of government—families, local schools, local service delivery professionals, legislative or executive committees, members of the media, researchers, advocates, state and federal agencies. And they are affected by broad-scale demographic, economic, social, political, and technological changes. Similarly, at the local level, how the new program or new structure plays out depends on local capacity (e.g., people, expertise, organizational slack) and commitment or political will.

Policy implementation research speaks to the need to take a long-term look at any change or innovation, certainly longer than most budget cycles or terms of office. In part the long view is needed to complete at least one iterative cycle of choice, action, refinement, adaptation (Mazamian & Sabatier, 1983). Observers (Kirst & Jung, 1982) have documented programs which at first appeared to be failures but were judged as successful in the longer term, while innovations with early successes declined.

Such change is also affected by the "strategic interaction of people within a policy community" (Sabatier, 1988). That is, different actors or influencers compete for power and to better understand or redefine a policy problem. Change affects and is effected by people within and across levels of government and multiple

subsystems. A key finding of some 20 years of implementation research is that "it is incredibly hard to make something happen, most especially across layers of government and institutions" (McLaughlin, 1991). And yet, those people at those levels and in multiple subsystems are the ones who are available to effect change and work in new ways and in new systems.

Finally, the process of change is an iterative process of choice, action, refinement, adaptation.

Local governance/empowerment

The concept of governance includes such functions as decisionmaking, allocation of resources (and/or authority), and the management of such resources to render a public good or service. As it relates to new governing entities, the Council for the Study of Social Policy (1991) defines local governance as "the permanent consolidation of leadership and decisionmaking that is needed within local communities to find better ways of delivering services to vulnerable populations." Such a change is challenging politically because "it changes the roles of all involved" and technically because "it must be designed to fit with and complement existing governmental authorities and agencies."

The type of governance structures needed "to take responsibility for outcomes across programs and systems" probably don't exist yet (Schorr, 1993). Whether they are called advisory councils, local policy councils, or district health and human services boards, local governance structures have the responsibility and authority to allocate resources, deliver services, and maintain accountability. For the purpose of this investigation, the following elements were considered to be germane to an emerging local governance structure: (a) auspices (i.e., existing county, city, or school governmental body; existing local collaborative; new collaborative); (b) its membership; (c) its mandated or granted authority; and (d) its internal organization (i.e., resources and staff capacity for planning monitoring, evaluating, cross-training, and/or service delivery).

Variables related to local capacity and political will become paramount in the success of an innovation, more so than external policy, unless the latter works to increase or restructure capacity or commitment.

Policy instruments

McDonnell and Elmore (1987) identify four generic classes of policy instrument: mandate, inducement, capacity-building, and system-changing. These instruments are mechanisms for putting ideals, beliefs, and principles into action. Each instrument carries with it its own implicit assumptions about a policy problem, potential solutions, the degree of change that ought to be made (e.g., minimum change), and the cost for different actors. The four classes are defined as follows:

Mandate. Rules governing the action of individuals and agencies, for the purpose of producing compliance. Mandates are assumed to bring benefits that require coercion in order for current institutions to marshall their existing capacity to perform in a particular way or according to a specific standard.

Inducement. Transfers of money to individuals or agencies for the production of certain valuable goods or services; conditional grants. Inducements are assumed to bring benefits that require additional resources in order for institutions of varying capacity to produce a particular good or service.

Capacity-building. Transfers of money for the purpose of investment in future capacity in the form of material, intellectual, or human resources. Capacity building can carry expectation for known intermediate goods or services produced now or in the near future as well as future returns that are presently "uncertain, intangible, or immeasurable." Capacity building is assumed to bring benefits that cannot currently be gained from institutions' available capacities.

System-changing. Transfers of official authority among individuals and agencies in order to alter the system by which public goods and services are delivered. This granting or withdrawing of authority can broaden or narrow a particular system. System-changing is assumed to bring benefits that cannot, now or in the future, be gained from existing institutions as they currently function. It may create or dissolve agencies or institutional structures. System-changing instruments may alter the distribution of funds, but only as a consequence of altering the distribution of authority.

Using policy instruments as part of the analysis brings in the ideas of rational choice and systems effects. Kiser & Ostrom (1982) contend that the effects of choices made among policy instruments are iterative, shaping the range and type of policy instrument from one institutional level to the next—from the constitutional (state or federal) to the collective (agency) to the operational ("street-level bureaucrat").

McDonnell and Elmore (1987) offer another perspective for analyzing how rational choice and systems effects influence individual actors in the policy process. They state that each of their four classes of policy instrument can be used to accomplish the same goal and hypothesize that policymakers select among them based on an interaction between two contextual elements: (1) the definition or perception of the policy problem (i.e., analytical and normative values about causal relationships in the system and about how the system ought to operate), and (2) the weight of resources and constraints (i.e., institutional context, governmental capacity,

fiscal resources, political support and opposition, information, and past policy choices).

Defining the problem. Problem definition is based on (a) agreement on a basic set of facts or statistics that describe current conditions, (b) research-based information regarding causes and potential solutions, and (c) policymakers' personal or political beliefs about the cause for certain problems and the kinds of solutions that will work. Policymakers' interpretation of the information they have available and the application of their own value systems in the policymaking process ultimately serve to determine how a policy problem is defined.

Resources and constraints. Six types of resources and constraints bound policymakers' policy instrument choices:

1. **Institutional context**. Determined by the allocation of authority among policymakers and influencers, the structure and function of existing agencies, and the state's political culture. It often "serves as a strong bias towards the status quo in choice of policy instruments."

2. **Governmental capacity**. Ability of the policy initiator to implement a policy and the ability of the policy target to meet the policy's requirements, particularly the numbers, types, and expertise of available human resources. A lack of or variability in capacity might make mandate unfeasible.

3. **Fiscal resources**. Mandates and system-changing carry the least cost to the policy initiator: the former imposes costs on the policy target and the latter tends to have limited implementation or to shift existing resources. Small inducement programs with low costs are common, but risk ineffective implementation due to inadequate funding.

4. **Political support and opposition**. Degree to which policymakers, special interest groups, and constituents support or oppose the use of a particular instrument. Strong support or opposition can determine the likelihood of its selection.

5. **Information**. Three types that influence policy instrument choice are: **political intelligence**, or knowledge of policymakers' and influencers' preferences; **strategic information**, or knowledge about the policy target, its implementation capacity, and

probable response to available instruments; and **analytical information**, or knowledge about the instruments themselves and how they work under different conditions.

6. **Past policy choices**. A state's cumulative policy instrument history can affect future choices by: (a) shaping what the public wants, expects, and will support; and (b) imposing budgetary constraints. The effects of past policy choices on public preferences and fiscal resources can limit policymakers' selection from among the available instruments.

Mix of instruments. McDonnell and Elmore hypothesize that policymakers often select a combination of strategies to achieve a particular policy goal. Thus, they might choose one instrument as their major policy tool, but select additional instruments to enhance the policy's overall effectiveness. For example, mandates and inducements are used when policymakers want forthcoming and tangible results from those who must implement the policy. And inducements are often accompanied by mandates that govern how the resource transfer is to be used. Also, capacity-building may be viewed as an essential complement to policymakers' use of mandates and inducements, as increased capacity among individuals and agencies may be necessary in order to ensure that they are able to respond to future mandates and inducements. Finally, system-changing instruments, such as waivers, may be accompanied by mandates and inducements.

Resulting linkages

A final theme underlying this framework draws on Iannaccone's work (1967) on structural linkages and Mazzoni's (1993) use of Iannaccone's typology for the definition of linkage. Structural linkages (e.g., committees, coalitions) as well as other instrumental linkages can have the purpose of carrying out such functions as decisionmaking, funding, accountability, service delivery, or "fit" with existing governance structures such as local school boards.

In the literature and in practice, much attention is presently directed at the idea of linkages among individuals, services, agencies, or systems. Perhaps that is fitting; service delivery among these systems has been so fragmented that at this point in the development of new structures, policymakers and practitioners spend much institutional energy and resource creating and developing linkages. Early in the conceptual process, we used terms "tight" and "loose" to describe whether the intent seemed to be to explicitly or implicitly link individuals from those systems. Some degree of linkage also exists, of course, between the state and the local governing entities.

One example of a resulting linkage is from the state referred to at the start of this discussion: in Texas, linkages among systems of education, health, and human services are loose. The language of HB 7 says only that the Texas Health & Human Services Commission "will emphasize coordination, flexibility, and decisionmaking at the local level" for the purpose of accomplishing goals related to the health and welfare of the people of Texas. Some of the goals, such as "reducing school dropouts" and "improving education and vocational training to meet specific career goals" imply a linkage with people in the education system, but are given no guidance in statute or regulation. A much tighter linkage is one in Kentucky, and it is created through the flow of funding streams that are appropriated to the education department and then transferred to the Cabinet of Human Resources.

To what degree "tightness" or "looseness" is maintained as governing entities develop remains to be seen and will be one object of future study. As these governing structures develop and play out, "tight" and "loose" will likely become less helpful in understanding the processes and relationships. Instead, we will need terms that capture the dynamic nature of a policy change or that describe strategic linkages made when and where they are needed and otherwise, are virtually transparent. If Lee Schorr is correct and the governance structures needed "to take responsibility for outcomes across programs and systems" do not yet exist, we lack the language to describe such local governance structures.

For now, we are limited to analogies with or metaphors of things we do understand. At this stage, the word "linkage" and what it represents is not unlike the term "horseless carriage" at the turn of the century. In a short time, we will use different language to talk about such structures or processes. In fact, we probably will not talk about the linkages at all, but new structures, once separate, that will operate to achieve shared outcomes for children and families.

Policy Instrument Choices and System Linkages in Two States

McDonnell and Elmore (1987) state that all of the four classes of policy instrument —mandate, inducement, capacity-building, and system-changing—can be used to accomplish the same goal. They further hypothesize that policymakers do not rely on a single policy tool to achieve a particular goal but rather typically select a combination of instruments. Thus they might choose one instrument as their major policy tool but select additional instruments to enhance the policy's overall effectiveness.

The following brief examination of two of the eight state initiatives profiled in *Finding Common Ground* (SEDL, 1993) appears to bear this hypothesis out. Arkansas and Kentucky each have selected a mixture of policy instruments to create linkages among education, health, and human services. The result is two

very different types of linkages, the first of which might be characterized as a "loose" linkage and the second, a "tight" linkage.

Arkansas' Families First

Arkansas Families First is a comprehensive program of family support initiated by the Family Policy Council of the Office of the Governor in the late 1980s. The legislature provided direction and appropriations in a 1992 special session (Act 1), enabling thirteen communities to receive one-year funding to establish local Families First initiatives; additional funds have been appropriated for the next biennium. Each locality created a family policy team and hired a community coordinator to develop and direct local efforts to serve families at risk. Teams are, at a minimum, comprised of local representatives from the Departments of Health and Human Services, JTPA, and the school district. The intention is for policy teams to influence how state services are delivered, by requesting waivers and providing input to the state-level Policy Council, as well as to develop and facilitate the provision of new local services by coordinating community resources.

In applying McDonnell and Elmore's policy instrument typology to Arkansas Families First, it appears that policymakers in Arkansas have taken primarily a capacity-building approach in initiating and supporting the initiative. System-changing has served as an underlying and supplementary tool; and, to date, mandate has been only a minor tool.

Capacity building. There appears to be agreement that Arkansas' public services to children and families currently are not effectively coordinated by state agencies. There also appears to be the belief that such coordination is possible and most appropriately led by localities, but that they do not currently have the capacity to do so.

The 1992 enabling legislation, Act I, appropriated limited funds for communities to hire a local coordinator to coordinate state, local, and federal programs serving families at risk. The initial and subsequent appropriations designated a certain percent of total funding to be expended on training, which is coordinated by the state-level Family Policy Council. The Council has refined a training process based on its early experience as a participant in the Council of Governors' Policy Advisors (CGPA) Policy Academy. The Arkansas academy training process focuses on community-based planning, communication, and collaboration skills. Technical assistance from the Council focuses on needs assessment, strategy development, and planning.

Although traditional health and human services are provided by the local offices of state agencies, local policy teams are encouraged to develop and facilitate the provision of new services by local volunteers or existing community service organizations. The belief is that communities can develop the capacity to create

more personalized, locally relevant services that will supplement those services the state will continue to provide within its current (and anticipated) resource constraints.

System-changing. Major shifts in authority have not been made and agencies at both the state and local levels have retained their existing structures and functions. However, there is evidence suggesting that the policy intent of both the governor and the legislature may be to pilot, and ultimately expand, some system-changing mechanisms.

First, the creation of local policy teams and implementation of their community plans is just one component of the larger Families First initiative, which is a long-term effort by the Governor's Office to collaborate with the departments of Health, Human Services, Education, and Employment Security to meet some common goals by the year 2000.

Second, the state and local policy councils are experimenting with various new authority relationships. Members of the state-level Family Policy Council are not cabinet members. They directly represent their agencies and carry the authority to initiate inter-agency collaborations. Interagency agreement is becoming an increasingly important tool for sharing authority and responsibility. Members of the local policy teams have authority over the team's structure, its local Families First plan, and its implementation strategies. Teams are expected to request changes in state processes and the Family Policy Council can grant waivers or otherwise facilitate the requested change. The state also is trying to facilitate increased local flexibility in their relationships with federal agencies.

Mandate. State informants refer to the Families First initiative as a program of commitment, not mandate. There is evidence of only two mandates: (1) in how the limited local grants are to be spent (on salary for a coordinator); and (2) in the membership of the state-level Family Policy Council and the local policy teams (the governor required that the former consist of representatives of the Departments of Education, Health, Human Services, and Employment Security and the Governor's Office; the legislature required that the latter consist of, at a minimum, representatives of the departments of Health and Human Services, the school district, and JTPA (the Job Training Partnership Act local office).

Resulting linkages among education, health, and human services. Arkansas appears to be creating what might be called a "loose" linkage among education, health, and human services. The Families First initiative is primarily a voluntary, community-based initiative that is intended to build local capacity to help families become self-sufficient by supplementing state-provided services. The mission of the initiative clearly focuses on family support: "All families in Arkansas will be able to adequately provide mutual support, care, and protection for the family unit." Although education, health, and human services are clearly key players at the state and local levels through membership on the Family Policy

Council and local policy teams, the initiative doesn't attempt to encourage a school-based or -linked approach to health and social service delivery. Instead, the goal appears to be to encourage the full range of systems in a locality (including city service departments, local government, and other community-based organizations) to develop their own approach to meeting the community needs they jointly identify.

A "loose" linkage also is evident in how the state has chosen to direct resources in the initiative. Initial grants in 1992 came from a special appropriation and were described as start-up monies. In 1993, essentially the same sites were funded for each year of the next biennium, but at a lower amount per site. Funding does not appear to be considered either a part of the regular education budget or a portion of the health and human services budget. Also, there is no designated target for the funds, and thus no natural constituency. Grants awarded to local teams serve a population the policy team identifies in its community plan, but not necessarily all children in the community.

By focusing on building skills and relationships in a limited number of localities, there appears to be the expectation that—over time—needs for specific state system changes will become apparent. Policymaking in response to the Families First implementation learnings might include system-changing or mandates that force tighter linkages among the systems. On the other hand, the state might find that the relationships being developed voluntarily at the Families First sites are resulting in the kind of service coordination and effective use of resources that policymakers want. This kind of approach seems to provide state decisionmakers with considerable leeway regarding if and how they choose to commit to the institutionalization of new linkages among education, health, and human services.

Kentucky's Family Resource and Youth Services Centers

Kentucky's Family Resource Centers and Youth Services Centers are one component of the state's massive Education Reform Act of 1990 (House Bill 940). The legislative intent in establishing the Centers is to enable schools to deal with problems other than those directly encountered at school that might affect a student's learning. As of school year 1993-94, 373 school-based or school-linked Centers are receiving state funding to identify and coordinate a range of services in their communities to meet the needs of students and their families. Each Center has a local advisory council that is at least one-third comprised of parents and also includes school staff members, special program representatives, and the community at large. The desired outcome of the Center is the reduction of physical and mental barriers to learning for all children.

In applying McDonnell and Elmore's policy instrument typology to the initiation and support of Kentucky's Family Resource and Youth Services Centers, it appears that the system-changing approach certainly dominated initial

legislation. However, some significant capacity-building strategies were included in HB 940 and these continue to provide support for local implementation of the initiative. Mandate has served an important supporting role in specific areas.

System-changing. The Family Resource and Youth Services Centers is a component of the comprehensive Kentucky Education Reform Act of 1990. KERA was the result of a five-year struggle to settle a lawsuit initiated by 66 school districts in 1985. The KY Supreme Court's 1989 ruling on the state's appeal (*Council for Better Education vs. Rose*) found the entire state education system inefficient and all existing statutes unconstitutional. The Court declared the General Assembly responsible for public education and required that it rebuild the system according to a framework outlined in HB 940.

A number of forces converged to create a consensus that, in the new KY education system, schools needed to deal with emotional, health, and other non-academic problems that affect children's learning. The 1989 Supreme Court decision and the learning goals and outcomes recommended by the 1989 Governor's Council on School Performance Standards both acknowledge a direct linkage between children's mental and physical health and their education. Also, key legislators had concerns about the children of their low-income urban constituents. The final piece of legislation, HB 940, states that one goal of the educational system is to "reduce the physical and mental barriers to learning" and required that school-based or -linked Centers be established to meet that goal in every school in which 20% or more of the student population are in low-income families.

The system-changing nature of Kentucky's initiative is evident in how responsibility and authority for the mental and physical well-being of children has been shifted. The Centers are **funded** through the Department of Education but the Center program is **administered** through the Cabinet of Human Resources (the agency that houses all human services departments). This collaborative relationship enables the Centers to tap into any agency, service, or program under the purview of the CHR.

State observers suggest that this new relationship at the state level is encouraging and facilitating collaboration at the local level between schools or districts and social service agencies. The relationship here, too, is supported by having funds flow through the education partner (local school board) but be programmatically allocated by the Center advisory body, which is a diverse body of parents, school personnel, and local service providers.

The state intends to use Center implementation data to inform future decisions that may also be of a system-changing nature, e.g., the redirection of certain public programs, the development of new avenues for providing a particular service, the provision of a new service in a particular locality.

Capacity-building. The Family Resource and Youth Services Centers share a basic premise with the Arkansas Families First initiative, that is, that most of the services needed by children and families exist in their communities or local areas but lack coordination. In Kentucky, legislators chose the school-based Center concept as the vehicle for accomplishing this coordination statewide. Since the Centers' major function is to facilitate service coordination and access for its unique student population and their families, it also was assumed that there is no model Center. As in Arkansas, the capacity-building efforts in Kentucky appear to focus on helping localities gain new knowledge and skills and building new relationships among public entities that will ultimately enable them to provide public services more effectively.

One capacity-building tool was the establishment of an Interagency Task Force on Family Resource and Youth Services Centers to develop a five-year plan for the voluntary creation and implementation of Centers at school sites. Its primary function now is to build and support a statewide network of Centers by reviewing district applications for new sites, monitoring existing sites, and using implementation results to revise the plan as needed. The Task Force is an ad hoc entity (slated to be disbanded December 31, 1995) and it appears to focus on building statewide capacity for the new system.

Individual site capacity is developed through the efforts of the Cabinet of Human Resources. CHR provides administrative assistance (e.g., has developed a common parental consent form for Center use), arranges for staff training, facilitates information sharing within the network and between the Network and other national and state organizations or programs, helps develop new funding opportunities, and provides on-site technical assistance in refining implementation and evaluation plans.

Mandate. The use of mandate in Kentucky's initiative is in (1) who is involved in decisionmaking, (2) who directs the local Center, and (3) what basic services are delivered by all centers.

As described earlier, the new relationship between the Department of Education and the Cabinet of Human Resources was mandated in HB 940. Also, the Interagency Task Force was mandated to consist of 16 members representing eight specific state departments (education, employment services, health, mental health and mental retardation, social services, social insurance, work force development, and justice) and certain local entities specified in statute. At the Center site, the local advisory body must consist of one-third parents of students in the eligible school, with the remainder representing school staff, local service providers, and the community at large.

Local Centers must be directed by a Center coordinator who is responsible for oversight of the program. The minimum Center funding level initially set by the legislature was $10,000, to ensure that even a small school could hire at least a

part-time coordinator. (The minimum has increased now to $12,800.) However, annual funding is at an average of $69,000 and can reach a maximum of $90,000 per Center. The number of low-income children in the participating school(s) generates the exact funding amount.

Centers must address (though not directly provide) six core service components at the elementary level and five components at the secondary level. The services include pre-school education; after-school child care; training for parents and day care providers; various health and social services; and employment counseling, training, and placement. Centers can, and do, provide these and additional services on-site at their own discretion.

Resulting linkages among education, health, and human services. Kentucky appears to be creating what might be called "tight" linkages among education, health, and human services. From the inception of its Center initiative, the health and well-being of children was considered to be directly related to their education. The Centers are a component of an Education Reform Act that affects all children at all levels (elementary and secondary) in potentially every public school in the state. Legislation requires that the education system "reduce the physical and mental barriers to learning" and that the Centers "promote the flow of resources and support to families in ways to strengthen the functioning and enhance the growth and development of the individual members and the family unit."

In a number of ways, Kentucky's initiative has attempted to establish new and permanent linkages among what it clearly considers to be the key players in providing services to children and families: the Department of Education and its local school districts, and the Cabinet of Human Resources and its local agencies. As described earlier, funding goes to the Department of Education but is administered by the Cabinet of Human Resources. Although the Centers are voluntarily created, there is the expectation that all eligible schools will be served by a Center by 1995. Annual funding per Center is significant, and there is every indication that funding will continue to be appropriated for existing Centers as well as to bring new Centers on-line.

Kentucky's courts may have forced the General Assembly to use system-changing instruments in its Education Reform Act of 1990, but it can't be assumed that the application of the approach outside the education system also was required. It appears that the General Assembly **chose** to create new linkages among the education, health, and human services systems by transferring authority and funds in specific ways. There is a state commitment to some basic premises that legislators decided should be placed in a statewide framework, defining certain parameters for all localities in the areas of Center concept, clientele, location, decisionmaking, funding, and core services. From this beginning, the state intends to encourage local variation by providing training and technical

assistance to Center coordinators and other staff to enable them to use the considerable local discretion that is allowed.

The kinds of changes made in creating the Family Resource and Youth Services Centers will be much more difficult to reverse than those made in Arkansas' Families First initiative. Statewide changes in how authority and money flows may fairly quickly change agency and community expectations regarding how the schools participate in delivering other public services. Future policymaking might be expected to focus on eliminating barriers that come to light from the implementation experience and on providing further motivation and support for Centers and their school communities as they work toward institutionalizing the new linkages among education, health, and human services.

Policy Implementation as Input for Future Policy Development

McDonnell and Elmore (1987) suggest that not only policy **research** but also policy**making** can be informed if we look at the relationships between policy enactment and policy outcomes, between instruments and implementation, between policy theory and political action. The policy goal of creating linkages among education, health, and social services systems through changes in governance has clearly been addressed in Arkansas and Kentucky via quite different mixes of instruments. The implementation results in each state serve as input in each new policy development cycle. The challenge for policymakers and influencers is to purposefully use that input in crafting new policy that supports the way in which people and institutions work toward the policy goal.

The education policy research community can further this cause by examining more deeply how the implementation experience affects a state's context for selecting policy instruments in the future. Again referring to McDonnell & Elmore's analysis, the interaction of variables within localities and the resulting policy outcomes can be expected to have an impact on how the policy problem/goal of creating system linkages continues to be defined (or redefined) in a state and how the initial set of resources and constraints is altered to create a new context for state and local policy development related to that goal. The initiating policy or set of policies becomes a **past policy choice** and its shape and outcomes may alter the state's **institutional context** and **governmental capacity**. Implementation provides new **strategic and analytical information**; its results may garner significant **support or opposition** from the public and political players. All of these contextual elements deserve closer examination by both researchers and policymakers.

Concepts and Definitions

System linkages. Connections between systems in one or more policy and implementation areas, to carry out such functions as decisionmaking, funding, accountability, and service delivery.

Systems. The people, agencies, and organizations or institutions at local, state, and national levels. This includes (but is not limited to) families, communities, schools, agencies, offices, and legislatures.

Local governance. The "permanent consolidation of leadership and decisionmaking that is needed within local communities to find better ways of delivering services to vulnerable populations" (Council for the Study of Social Policy, 1991). "Politically, it changes the roles of all involved; technically, it must be designed to fit with and complement existing governmental authorities and agencies."

Local governance structure. Basic aspects of a new governance entity include its (a) auspices (i.e., existing county, city, or school governmental body; existing local collaborative; new collaborative); (b) its membership; (c) its mandated or granted authority; and (d) its internal organization (i.e., resources and staff capacity for planning, monitoring, evaluating, cross-training, or service delivery).

Policy instruments (McDonnell & Elmore,1987). States use a wide range of policy instruments to provide pressure and support for innovation. Such instruments include: regulations, rights, grants, loans, and technical assistance. Four generic classes of instruments defined by McDonnell & Elmore are: mandates, inducements, capacity-building, and system-changing. System-changing includes two increasingly common policy tools, waivers and interagency agreement.

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